


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H82269 1. Entity Name TRADEMARK REALTY, INC.	
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Principal Place of Business 5432 W ATLANTIC BLVD MARGATE, FL 33063	Mailing Address 5432 W ATLANTIC BLVD MARGATE, FL 33063
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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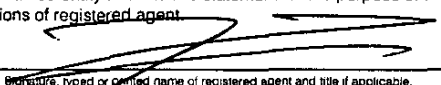
FILED
 05 AUG 24 PM 1:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07132005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent WAGNER, R. C., JR. 5432 W ATLANTIC BLVD MARGATE, FL 33063	7. Name and Address of New Registered Agent Name Mark J. Lynn, Esquire Street Address (P.O. Box Number is Not Acceptable) Robert S. Forman, P.A. 2101 W Commercial Boulevard, Suite 2800 City Fort Lauderdale FL Zip Code 33309
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **8/1/05**


(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD WAGNER, R. C., JR. STREET ADDRESS 1111-A RUSSELL DR. CITY-ST-ZIP HIGHLAND BCH., FL	<input checked="" type="checkbox"/> Delete	TITLE NAME PSTD Lois McHale Wagner STREET ADDRESS 230 SE Mizner Boulevard, #308 CITY-ST-ZIP Boca Raton, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

300059017873
 08/26/05--01042--016 **\$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **8/1/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #